

Nutrition And WIC Services Management Evaluation Tool Clinic Observation

Agency / Clinic: _____ Date of Review: _____
Reviewer(s): _____

Observe at least 1 initial certification or recertification and general clinic flow.

Client Category: _____ # Being Certified: _____

Appointment Time: _____ Client Arrival Time: _____

Client Intake Observation

Clerk: _____ Time In/Time Out: _____ / _____
Reason for Delays: _____

	Yes	No
1) Are clients offered a reasonable degree of privacy to maintain confidentiality?		
2) Are the "And Justice For All" poster, fair hearing posters and no smoking signs prominently displayed?		
3) Is proof of residency accurately obtained and documented in KWIC?		
4) Is proof of identity for the client accurately obtained and documented in KWIC?		
5) Is proof of identity for the caregiver (if not client) accurately obtained and documented in KWIC?		
6) Is income accurately obtained and documented in KWIC?		
7) Is the client asked about TAF, Food Stamps, Medical Card, and CSE? If not enrolled in these programs, are appropriate referrals made?		
8) Is the client asked about participation in CSFP? (participating counties only)		
9) Does the clinic staff explain to or review with each client the Rights and Responsibilities before or immediately after the client signs the document?		
10) Is the client/caregiver offered an opportunity to register to vote?		
11) If a client/caregiver declines registering to vote, does the clinic give the client/caregiver a declination form to sign?		
12) Is the client/caregiver's choice as to whether to register to vote entered in KWIC?		
13) Is the applicant/participant physically present during the certification assessment? If not, is the reason documented in KWIC?		

Immunization Review

Who Reviewed Record: _____

	Yes	No
14) Are immunizations reviewed using a documented record?		
15) If immunizations are not up-to-date, are appropriate referrals made and documented?		
16) If an immunization is required, can the family get the vaccination without leaving the WIC Clinic during their WIC visit?		

Anthropometric and Lab Measurements

Tech/CPA (Name & Credentials): _____ Time In/Time Out: ____/____

	Yes	No
17) Does each of the following equipment meet the criteria set in the PPM?		
a) Recumbent Length Board?		
b) Standing Height Tool?		
c) Infant Scale?		
d) Adult Scale?		
e) Hemoglobin Analyzer?		
f) Hematocrit Centrifuge?		
18) Is stature measured appropriately for the client?		
Stature: Recumbent Length		
19) Are two people involved in measuring?		
20) Does one person hold the head in alignment with body, keeping the top of the head in contact with fixed headboard?		
21) Does the other person push down on both knees and bring the footboard to rest firmly against the heels?		
Stature: Standing Height		
22) Is a firm surface used for standing?		
23) Is the client's stature measured without shoes?		
24) Is the client's stature measured with heels, buttocks, and shoulders touching the wall?		
25) Are the client's eyes straight ahead to prevent head tilt?		
26) Are the client's legs straight (knees not bent), heels flat on the floor?		
27) Is height measured from the top of the scalp (no hair clips, braids, etc.)?		
Weight		
28) Is the scale on a firm surface?		
29) Does staff zero balance the scale prior to weighing (using a disposable sheet or diaper if appropriate)?		
30) Are the current recommendations regarding the amount of clothing while weighed being followed (children under 2 years stripped to diaper, others-light indoor clothing)?		
31) Is the client weighed without shoes?		
Lab Work		
32) Is a hemoglobin/hematocrit test required for this visit?		
33) Is aseptic technique used to clean the blood draw site before blood is drawn?		
34) Is the initial drop of blood wiped off before a blood specimen is collected?		
35) Is the blood specimen collected without "milking" (squeezing) the puncture site?		
36) Does the agency change lancets with each client?		
37) Does the agency follow universal precaution procedures for taking blood samples?		
Anthropometric and Lab Work Assessment		
38) Are birth measurements entered into KWIC for all infants and children?		
39) Are current measurements entered accurately into KWIC?		
40) Are the results of anthropometric and lab measurements explained to the client/caregiver?		

Dietary Assessment

CPA (Name & Credentials): _____ Time In/Time Out: ____/____

	Yes	No
41) Is the approved dietary form used and completed?		
42) Are the results of the dietary assessment recorded on the dietary form?		
43) Are the results of the dietary assessment recorded in KWIC accurately?		

Risk Assessment and Counseling

CPA (Name & Credentials): _____ Time In/Time Out: ____/____

	Yes	No
44) Does the CPA review the client's medical history?		
45) Are all appropriate risk factors assessed and recorded accurately in KWIC?		
46) Is breastfeeding promotion counseling given to all pregnant women at their certification?		
47) Are adult clients screened for ATOD and referred per WIC policy?		
48) Are clients/caregivers provided information on the dangers of substance abuse?		
49) Is nutrition education counseling geared to the client's level of nutritional knowledge, culture, and language?		
50) Is nutrition education counseling targeted to the individual needs and risk factors identified?		
51) Are appropriate referrals made and documented in KWIC?		
52) Is the Plan tab completed with the client/caregiver input?		
53) Is the Flow sheet completed at the time of the certification?		
54) Are follow-up nutrition education needs discussed with the client/caregiver as part of the counseling?		
55) Is an appointment made for the low risk nutrition education or RD high-risk visit based upon client category and risk factors identified?		

Food Package Selection and Tailoring

CPA (Name & Credentials): _____ Time In/Time Out: ____/____

	Yes	No
56) Does the CPA determine and assign an appropriate food package?		
57) Is the client/caregiver given choices in selecting food packages?		
58) If a nonstandard food package is assigned, is documentation present to justify the selection?		

Check Out

Time In/Time Out: ____/____

	Yes	No
59) If the applicant is found ineligible, is written notification given?		
60) If the applicant is found eligible, are checks issued at the time of certification?		
61) Who prints the checks: _____		
62) Who gives the checks to the client: _____		
63) Are local WIC regulations/information explained and given to the client/caregiver?		
64) Is the client/caregiver instructed in the proper use of the checks and WAFL?		
65) Does a staff member observe the client/caregiver sign and date the check stubs?		
66) Is an appropriate appointment made and an appointment notices letter given?		

Overall Clinic Flow

	Yes	No
67) Does the clinic flow smoothly without delays or bottlenecks?		
68) Is the WIC Program space sufficient and appropriate for program operations?		

Low Risk Nutrition Education

A low risk nutrition education contact should be observed if at all possible. If one is observed, obtain the lesson plan for the class, interactive center or self-study notebook. Determine if each of the following items are present. Compare appropriate items to the lesson plan.

Type of Activity (Circle One):

Group class (entered in KWIC under Class Management)

Self-Study Notebook (entered in KWIC as a 2C)

Interactive Nutrition Education Center (entered in KWIC as a 2C)

Topic/Lesson Plan Title: _____

Target Audience of Lesson: _____

If group class, Educator's Name and credentials: _____

	Yes	No
69) Are clients encouraged to participate in the nutrition education session?		
70) Is there consistency between the lesson plan and the presentation?		
71) Does the content reinforce the objectives?		
72) Do visual aids reinforce main points?		
73) Do activities reinforce main points?		
74) Is the information accurate?		
75) Is the presentation logical and organized?		
76) If unfamiliar words are used, are they explained?		
77) Is the lesson sensitive to the clients' cultural, economic, educational, and social situation?		
78) Is there a method for clients to ask questions and receive answers during the session?		
79) Is there an evaluation of learning included in the activities?		
80) Is the most appropriate environment for learning being used?		

High Risk Nutrition Education

A high risk nutrition counseling session should be observed if at all possible. If one is observed, did each of the following occur?

RD: _____

	Yes	No	N/A
81) Is the client encouraged to participate in the high risk counseling session?			
82) Is there a recheck of height, weight, or hemoglobin/hematocrit, if this is part of the client's plan for follow-up?			
83) Is there a review of dietary changes since the last visit?			
84) Is counseling targeted to the appropriate risk conditions?			
85) Is counseling geared to the client's level of nutritional knowledge, culture, language and social situation?			
86) Is there time for questions and answers during the session?			
87) Are referrals to any necessary services made and documented in KWIC?			
88) Is a follow-up appointment made, if necessary?			